

BUILDING A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM IN ILLINOIS



FY 2009 ANNUAL REPORT TO THE GOVERNOR





Dear Governor Quinn:

On behalf of the Illinois Children's Mental Health Partnership (ICMHP), I am delighted to present to you the fourth Annual Report to the Governor on implementation of the Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois. Since the passage of the Children's Mental Health Act of 2003, Illinois has been creating a comprehensive system of programs, services and supports that promotes the importance of children's mental health; reaches more children at younger ages and earlier stages of need; reduces fragmentation of services; enhances interagency collaboration; and avoids approximately \$19 million per year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs – a total of nearly \$95 million in avoided costs over the last five years.

What has this meant to our families, our communities and our child-serving systems? By creating a comprehensive, multi-faceted system that reaches children where they live, learn and play, Illinois is:

- **Reaching children and their families at younger ages and earlier stages of need** through projects such as the Mental Health Early Intervention Services for Children and Youth Project which served over 225 young children under the age of five who were at risk for or experiencing mental health issues.
- **Helping schools promote social/emotional learning and intervene early** through initiatives such as implementation of the Illinois Social and Emotional Learning Standards.
- **Increasing access to mental health services and supports for underserved children and youth** through projects such as the Telepsychiatry Project which provides psychiatric services to children and youth in areas of the state where communities do not have access to a board certified child and adolescent psychiatrist.
- **Training primary care providers (e.g., pediatricians, family physicians) on screening young children for social/emotional developmental delays**, referring to Early Intervention or other appropriate services, and accessing consultation from mental health providers.
- **Building a qualified workforce equipped to promote and address children's mental health through early childhood mental health consultation** projects to primary care providers, community mental health agencies, home visiting programs, child care providers, and preschool programs.

The many achievements outlined in this report are testament to the immense commitment and dedication shown by public and private sector agencies, organizations, and individuals partnering to implement the ICMHP Strategic Plan. In spite of the many achievements we have made in a short time with relatively small investments, there is much more to be done. Current reforms need to be taken to scale. ICMHP and its member agencies call on Illinois leaders to renew their commitment to children's mental health by increasing investments in this important work.

Thank you very much for ensuring that funds are available in FY 10 to implement the ICMHP Strategic Plan. We look forward to your continued support as we work in partnership to meet the social emotional development and mental health needs of Illinois children.

Sincerely,



Barbara Shaw, ICMHP Chair

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Partnership Chair

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Illinois Violence Prevention Authority

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Ray Connor

Individual Care Grant Parents Association

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About the ICMHP Strategic Plan and Annual Report



Illinois became a national leader in recognizing the importance of mental health to children's overall health, well-being, and academic success with the passage of the Children's Mental Health (CMH) Act of 2003. This landmark and groundbreaking law underscored a clear and critical commitment by Illinois leaders to children's mental health and to the need for reforming an existing mental health system that was highly fragmented, under-resourced, and inadequately coordinated to meet the needs of Illinois children and their families.

Among other key areas, the CMH Act created the Illinois Children's Mental Health Partnership (ICMHP) and charged it with developing a Children's Mental Health Plan for providing comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth to age 18, and youth ages 19-21 who are transitioning out of key public programs. The ICMHP submitted the Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois to Illinois leaders in June 2005.

The Strategic Plan is a comprehensive vision and strategic roadmap for achieving the goals set forth in the CMH Act. It embodies the collective vision and tireless work of over 250 individuals representing families, children and youth, policymakers, advocates, and key systems including mental health, education, early childhood, health, child welfare, human services, substance abuse prevention, violence prevention, and juvenile justice. ICMHP works with its five Standing Committees (Early Childhood, School Age, School Policies and Standards, Public Awareness, and Family Advocacy, Communication, and Education) and four Workgroups (Consultation,

Residential Treatment, Financing, and Benchmarks) to implement the Strategic Plan priorities.

The Strategic Plan outlines six Core Goals and ten Strategic Priorities necessary to reform the children's mental health system in Illinois:

Goal I:

Develop and strengthen prevention, early intervention, and treatment policies, programs, and services for children.

Goal II:

Increase public education and awareness of the mental health needs of children.

Goal III:

Maximize current investments and invest sufficient fiscal resources over time.

Goal IV:

Build a qualified and adequately trained workforce with a sufficient number of professionals to serve children and their families throughout Illinois.

Goal V:

Create a quality-driven children's mental health system with shared accountability among key state agencies and programs.

Goal VI:

Invest in research.

This ICMHP Annual Report reports on the progress of ICMHP and its member agencies and organizations in implementing the recommendations set forth in the ICMHP Strategic Plan. A copy of the ICMHP Strategic Plan is available at www.icmhp.org.

BUILDING A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM IN ILLINOIS

The Illinois Children's Mental Health Partnership (ICMHP) envisions a comprehensive, coordinated children's mental health system comprised of promotion, prevention, early intervention and treatment programs, services and supports for children ages 0-18 years, and for youth ages 19-21 who are transitioning out of key public programs (e.g., child welfare, school, mental health systems). These resources should be available and accessible to all Illinois children and their families – whether they are a new parent adjusting to the demands of parenthood, a

“In these most challenging times, the work of the Illinois Children's Mental Health Partnership deserves recognition for its success in promoting the importance of children's mental health to their overall health and well-being, and for expanding awareness of and access to quality mental health supports that serve children and their families, build strong systems through collaboration and best practices, and prove cost-effective for the state. These are significant accomplishments to be celebrated and supported.”

*Kathy Ryg, President
Voices for Illinois Children*

toddler struggling to master basic developmental tasks, an adolescent who is experiencing feelings of depression, or a youth with some other mental health need.

Children and their families need to be reached in the places where they live, learn and play – places including child care centers, schools, pediatrician's offices and community-based programs such as home visiting programs. Children and youth at-risk for mental health challenges also need to be reached in key child-serving settings including child welfare and juvenile justice agencies. As such, the ICMHP and its member agencies and organizations are changing the mental health system landscape through a broad range of initiatives and projects that are promoting children's healthy development (both physically and emotionally), strengthening the quality of services, building the workforce, and maximizing scarce resources.

The numerous accomplishments of ICMHP and its member agencies and organizations were marked this past year by continued implementation of Strategic Plan priorities as highlighted in this report. Additional information about these and other related state agency and organization initiatives can be obtained by contacting the agency representatives listed on page 21.



Reaching Children and Their Families at Younger Ages and Earlier Stages of Need

Childhood is the best time to promote optimal social and emotional development and to prevent or minimize mental health disorders before they become severe. Many mental health challenges have their origins in childhood,¹ some of which can be prevented or diminished by promotion and early intervention efforts. Even in the case of mental illnesses that are not fully preventable, evidence suggests that early intervention and quality mental health services that are provided in a timely fashion can help minimize the impact of mental illness. Prevention of mental health challenges has evolved to the point that reduction of risk, prevention of onset, and early intervention are realistic possibilities.² Highlights of activities include:

- **Providing services to children under the age of five and their families who are at risk for or are experiencing mental health issues through the Early Childhood Mental Health Services Project.**

Continued to provide mental health services (e.g., developmental screening, mental health assessment, family counseling, case management, and referrals) to young children and their families in community mental health agencies through grants, administered by the Illinois Department of Human Services, Division of Mental Health

to agencies in each of the five DMH regions of the state (five grants total). The Project began in January 2008 and in FY 2009, 232 children and families were served and more than 4,000 direct service hours were provided.

- **Providing early intervention services (e.g., individual and group counseling, social skills building) to**

children and adolescents who do not meet the criteria for a mental health diagnosis (i.e., DSM-IV diagnosis) through the Mental Health Early Intervention Services for Children and Youth Project.

Continued to build and enhance activities to intervene early with children who are at risk of developing significant mental health challenges through grants awarded to two community mental health agencies in each of the five DMH regions of the state (10 grants in total). This Project has

broadened the State mental health system's capacity to serve populations such as pre-schoolers and infants, and to collaborate with community partners such as child care providers. In FY 09, nearly 1500 children and families were served and more than 6,000 hours of direct services were provided.

“ We at the Division of Mental Health greatly appreciate the tangible support that our collaboration with the Illinois Children’s Mental Health Partnership brings. We’ve been able to increase the awareness of mental health in children and adolescents while providing supportive interventions to help them. ”

*Lorrie Rickman Jones, Director
Illinois Department of Human Services
Division of Mental Health*

Brianna, a three year old who was experiencing significant behavior problems, and other children like her, are able to get the supports and services they need because community providers and agencies are better equipped to serve young children and their families.

Reaching Children and Their Families at Younger Ages and Earlier Stages of Need *continued*

- **Providing early intervention services (e.g., mental health services, supports, and referrals) to help children whose primary care-giving parent has been incarcerated through the Early Intervention for Children of Incarcerated Parents.** The Project, administered by DMH, is being piloted in the North Lawndale community to help families access mental health services that are sensitive to the unique needs and vulnerabilities of these children and their families. This project is providing significant interventions to children and families who would not normally receive mental health care, if ever, until the youth's problems were severe. Additionally, the project is teaching the system about the significant needs of these youth and families who have largely gone un-served, and of the difficulty in accessing and engaging these families. In FY 09:
 - 17 youth received intensive, home-based mental health care;
 - 49 families received referrals to other service providers and resources;
 - more than 90 inmate parents received parenting assistance and education;
 - more than 40 prison staff were educated on supporting the parent/child relationship; and
 - more than 12 community organizations received education on the special needs of children of incarcerated parents.
- **Continuing to support implementation of the Perinatal Mental Health Disorders Prevention and Treatment Act to help curb postpartum depression among new mothers and improve their children's healthy development.** A comprehensive perinatal depression initiative continues to be implemented in Illinois involving many public/private partners including state agencies (e.g., Department of Healthcare and Family Services), academia, health care providers (e.g., Illinois Chapter of the American Academy of Pediatrics, Illinois Academy of Family Physicians), health care organizations (e.g., Advocate Health Care), private funders (e.g., Michael Reese Health Trust, Illinois Children's Healthcare Foundation), advocacy organizations (e.g., Voices for Illinois Children, Ounce of Prevention Fund), and the Illinois Children's Mental Health Partnership. This initiative includes: a statewide Perinatal Mental Health Consultation Service for providers who wish to consult with a psychiatrist on perinatal depression and medications; training and technical assistance to providers on screening, assessment, treatment, and referral for perinatal depression; and reimbursement of primary care providers and community mental health centers for perinatal depression screening of HFS-enrolled women, using an HFS-approved screening instrument. Screening is reimbursed both prenatally and up to one year after delivery.

Women, like 26 year old Lisa and her new baby, have better access to early identification and services for perinatal depression.



Partnering with and Engaging Families in Addressing Children's Mental Health

Families and caregivers are the most important factor in the social and emotional development and well-being of children and adolescents. Research has shown that when families are involved, children achieve more and exhibit more positive behavior; regardless of socio-economic status, ethnic/racial background, or family/caregiver education level. Highlights of activities include:

- **Promoting parent/caregiver leadership and support in the children's mental health system.**
 - Establishing the **Family Leadership Project** which promotes parent/caregiver leadership and support in the children's mental health system. The Project is implementing a regional network to support parents and caregivers in understanding their children's mental health needs, navigating the complexities of the children's mental health system, and serving as leaders in the local, regional, and statewide children's mental health system.
 - Employing **Family Consumer Specialists (FCS)** within the Division of Mental Health (DMH) in all five DMH regions to promote family engagement in the children's mental health system. FCS staff are parents who have personal experience raising children with mental health challenges and navigating the child serving systems in Illinois on behalf of these children. These staff provide support to parental and consumer advocacy groups and agencies serving families with children receiving mental health treatment, and provide a consumer voice in DMH child and adolescent services policy and program planning.
 - Supporting families of children with mental health challenges to better understand their child's mental health

needs and navigate the mental health system through efforts of the Individual Care Grants Parents Association, Mental Health America of Illinois, Illinois Federation of Families, and NAMI Illinois.

- Integrating family involvement and engagement efforts between the Strengthening Families Illinois initiative, the Illinois Department of Human Services All Our Kids Network, and ICMHP activities to better promote family involvement and engagement as a critical piece of early childhood mental health and create more opportunities for parent/caregiver leadership.
- Advancing family voice and leadership, moving child servicing systems to a family driven approach, and offering peer support and mentoring for families and caregivers who assume leadership roles through the ICMHP Family Advocacy, Communication and Education Committee, whose membership comprises statewide family support and advocacy organizations.
- Creating a network of Parent Advocates to assist parents and school districts to form partnerships for implementing the Social and Emotional Learning Standards in school and reinforcing them at home.



Helping Schools Promote Social/Emotional Learning and Intervene Early

The social and emotional health of children and adolescents – how they experience and express feelings, interact with others, build and sustain positive relationships, and manage challenging situations – is an intrinsic part of their overall health and well-being. Children who are emotionally healthy are more likely to enter school ready to learn, succeed in school, be physically healthy, and lead productive lives.³ In contrast, children with mental health challenges have lower educational achievement, greater involvement with the criminal justice system, and poor health and social outcomes overall.⁴

Schools play a central role in promoting children's social and emotional development. Most children ages 3-18 attend pre-school or school, and social and emotional well-being is integral to children's ability to learn and succeed in school. By integrating social-emotional learning in schools, students are better able to resolve interpersonal problems and prevent antisocial behavior, as well as achieve positive academic outcomes. Highlights of activities include:

- **Enhancing children's school readiness and ability to achieve academic success through implementation of the Illinois Social and Emotional Learning (SEL) Standards.** Illinois was the first state to develop and adopt SEL Standards and has become a model for other states.⁵
 - Continuing to provide professional development and implementation of the SEL Standards in over 80

participating schools by providing ongoing provision of training and coaching to implement a three year plan embedding SEL in the school climate and classroom instruction.

- Maintaining an SEL Cadre of trainers and coaches to support the participating schools by providing grants to six Regional Offices of Education (ROEs), an Intermediate Service Center, and a Chicago technical assistance agency.
- Training 18 SEL Cadre members to provide training and ongoing coaching to the 82 participating schools

across Illinois, in partnership with ISBE and the Collaborative for Academic, Social and Emotional Learning (CASEL).

- Creating a network of Parent Advocates to assist parents and school districts in their area to form partnerships for implementing the SEL Standards in school and reinforcing them at home.

- **Strengthening the capacity of school districts to identify and meet the mental**

health needs of students through grants to school districts and community mental health agencies and organizations. School districts are supported in the development of a coordinated, collaborative mental health support system for students that intervenes early and is integrated with community mental health agencies and organizations and other child-serving agencies and systems.

“ The Illinois Children’s Mental Health Partnership has been a tremendous asset to education throughout our state. Their strategic planning efforts and support have been crucial to help ensure educators throughout Illinois understand and can effectively implement our Social and Emotional Learning Standards. ”

Christopher A. Koch

State Superintendent of Education



- Providing grants to 15 school districts throughout the state through the School Mental Health Support Grants program, administered by ISBE in collaboration with ICMHP and DMH. Participating school districts have established collaborative agreements with community mental health agencies and other child serving organizations to identify and meet the early intervention needs of students through protocol development, service delivery, and stigma reduction activities.
- Providing grants to six community mental health providers to develop partnerships with local schools to provide early intervention services for children and youth through the Mental Health and School Collaboration Project, administered by DMH. During Year One, the following impacts of this project included:
 - 2,346 students received early intervention services through the implementation of school-based peer mentoring, adult mentoring, crisis intervention, skill building activities, and small group counseling services.
 - 7,306 students and 568 adults in the school settings received universal mental health awareness, prevention, or stigma reduction information.
 - 1,675 adults in the school system and family members of students received consultation and support in implementing mental health interventions to support students.
- **Expanding the Illinois Positive Behavior and Interventions and Supports (PBIS) Network, which works with more than 1,100 schools in the State.** PBIS is a proactive systems approach for creating and maintaining safe and effective learning environments in schools and ensuring that all students have the behavioral

supports needed to ensure their success at school and beyond. PBIS, administered by ISBE, uses a three tier model to promote positive behavior and address student behavioral problems.

As a school principal and teacher, Mary and Vikki have incorporated social and emotional learning into the curriculum for their students, and have seen improvements in educational outcomes for students as a result. According to Vikki, a benefit to teaching social emotional learning in the classroom is that the children feel a responsibility for the things they are learning, they feel ownership for what's going on, and they are able to problem solve on their own. Social and emotional learning starts at home. A social emotional program that is being implemented correctly in schools is a perfect complement to that learning. In the classroom teachers are able to help children take those steps forward and continue on with what the parents have continued to practice at home.



Increasing Access to Mental Health Services and Supports for Underserved Children and Youth

Many rural and other geographic areas of the state lack access to mental health providers with expertise in serving children and their families, particularly child and adolescent psychiatrists. Furthermore, many groups of youth, particularly those at greatest risk for mental health challenges, lack access to important mental health services and supports. Highlights of activities include:

- **Providing psychiatric services to children and youth in areas of the state where communities do not have access to a board certified child psychiatrist through the DMH Telepsychiatry Project.** Provided approximately twenty-two hours of telepsychiatry service per week to children in six community mental health agencies in DMH Regions 4 and 5. In FY 09, 163 children received telepsychiatry services with the most common diagnoses for those treated being Bipolar Disorders, Mood Disorders and Posttraumatic Stress Disorder.
- **Providing social/emotional support services for 16-18 year old youth transitioning from or between public systems (i.e., child welfare, child/adult mental health, juvenile justice) through the Mental Health Transition Services for Youth Project.** Maintained five programs for youth transitioning from any Illinois Department of Juvenile Justice facility back into the community, and for youth transitioning out of the public child and adolescent mental health services system into the adult mental health services system. This DMH administered Project provides grants to community mental health agencies in each of the five DMH regions of the state (10 grants in total). During FY 09, more than 450 youth and their families were served and approximately 5,000 of direct service hours were provided.
- **Providing services in support of an aftercare program within Department of Corrections, Juvenile Justice Division through the Juvenile Justice Mental Health Re-entry (JJMH-R) Program.** This Program consists of two specially-trained liaisons that assess any youth referred to the Program while incarcerated, link the youth to appropriate services, and provide post release case management for all clients. Without the project, youth are at risk without any formal aftercare plan in place, forcing them to navigate unfamiliar community mental health services in their area without assistance. The JJMH-R program has received 222 referrals to date; 162 of these youth have been released from the juvenile justice system and linked to aftercare mental health services.
- **Providing trauma-specific services to youth involved in the juvenile justice system and supporting the development of a trauma-sensitive climate within juvenile facilities through the Juvenile Forensic Trauma Project.** Given the high incidence of trauma exposure (e.g., violence) in justice-involved youth, trauma services are essential to adequately meet the clinical and rehabilitative needs of these youth. DMH Juvenile Forensic Trauma therapists provide these services to the youth and train facility staff in the areas of adolescent development, trauma, and adolescent brain development in two Illinois Youth Centers (Warrenville and Chicago). In addition, they provide training and consultation to juvenile justice staff on the nature of trauma and its impact on adolescents in particular.

Anthony, a 12 year old with bi-polar disorder, and other children living in areas of the state without access to a child psychiatrist, are now getting psychiatric services through telepsychiatry video conferencing.

Increasing the Capacity of Child-Serving Systems to Address Children’s Mental Health



Children and their families come into contact with multiple systems – primary care, child care, education, child welfare, mental health and home visiting, to name a few – that are critical access points for promoting mental health, intervening early before problems become severe, and treating mental health issues. Yet, many systems (e.g., child care, mental health, primary care) are under-resourced and ill-equipped to proactively address children’s social and emotional development and mental health needs. In Illinois, like many other parts of the country, there are insufficient numbers of adequately trained providers available to meet the myriad mental health needs of children, especially young children ages 0-7.

Screening and identification in the primary care medical home (e.g., pediatrician’s office) is often a necessary precursor to services, yet many primary care providers (e.g., pediatricians, family physicians) lack the necessary skills and training. Moreover, many mental health providers lack specialized training to appropriately and effectively address the social/emotional development and mental health needs of children. Mental health consultation is a key strategy for supporting and building the capacity of a variety of providers to respond to the social/emotional and mental health needs of children. Highlights of activities include:

- **Enhancing the capacity of primary care providers, community mental health agencies, home visiting programs, child care providers, and preschool programs to respond to the mental health needs of young children ages 0-7 and their families through early childhood children’s mental health consultation projects.**
 - The ***Children’s Mental Health Consultation Project*** develops and enhances the capacity of community

mental health agencies to address the mental health needs of young children ages 0-7 and their families. The Project, implemented by ICMHP, is currently providing early childhood mental health consultation, training and technical assistance to 12 community mental health agencies in each of the five DMH regions of the state.

- The ***Healthy Families/Parents Too Soon Consultation Project*** develops and enhances the capacity of Healthy Families/Parents Too Soon programs (home visiting programs) from across the state to address the mental health needs of young children and their families. The Project, implemented by the ICMHP, is currently providing early childhood mental health consultation, training and technical assistance to four of these programs across the state.
- The ***Enhancing Developmentally Oriented Primary Care (EDOPC) Project***, a partnership of the Illinois Chapter of the American Academy of Pediatrics and the Advocate Health Care Healthy Steps for Young Children Program and supported by private foundations and the Department of Healthcare and Family Services (HFS), trains primary care providers on screening young children for social/emotional delays, referring to Early Intervention or other appropriate services, and accessing consultation services such as Illinois DocAssist or EDOPC staff and volunteer experts. EDOPC also supports primary care providers to screen and refer for perinatal maternal depression in accordance with the Perinatal Mental Health Disorders Prevention and Treatment Act. Each year over 80 primary care sites representing over 1000 health professionals are trained through the program. Medicaid data indicates that EDOPC has helped ensure that at-risk children are receiving these services, which are a core part of well-child care.

Increasing the Capacity of Child-Serving Systems to Address Children's Mental Health *continued*

- The ***Caregiver Connections Project***, administered by the Illinois Department of Human Services, provides early childhood mental health consultation to Illinois childcare providers who care for children ages birth to five years. In FY 09, over 1100 child care centers received services (e.g., programmatic consultation, technical assistance and training) from a mental health consultant through this Project. As a result, over 85 percent of participating child care centers reported an increase in positive behavior for children in their programs and nearly 90 percent of centers reported that they are better able to work with children with challenging behavior.
- The ***Infant and Early Childhood Mental Health Consultation Project***, an initiative of the Illinois State Board of Education (ISBE) in partnership with the Erikson Institute, provides consultation to staff of state-funded preschools in Chicago and across the state, and Prevention Initiative (PI) programs (community initiatives designed to reduce school failure by coordinating and expanding services to family and children less than three years of age living in high risk areas). Consultants help staff examine their understanding of the behaviors and challenges they observe in the children they work with, so they can better support children's social/emotional development. The project provides consultation to about 50 PI sites and 50 preschools across Illinois.
- **Providing psychiatric phone consultation to primary care providers (e.g., pediatricians, family physicians) who serve children enrolled in Medicaid through Illinois DocAssist, a psychiatric phone consultation initiative.** Illinois DocAssist, administered by the Department of Healthcare and Family Services in partnership with DMH and ICMHP, is designed to improve early detection and prompt initiation of treatment for psychiatric and substance use disorders in children and adolescents within primary care settings; increase access to mental health and substance use care; integrate mental health and substance use care with other medical care; and improve the quality of psycho-pharmacotherapy for psychiatric disorders prescribed by primary care providers, including appropriate doses and duration of medication trials, avoidance of unnecessary polypharmacy, and minimizing risks of adverse reactions. Since its inception in September 2008, the program has provided over 200 consultations to primary care providers and is working to increase contacts with primary care providers through direct consultations and provision of Continuing Medical Education activities.



Raising Awareness about the Importance of Children’s Mental Health

Mental health is critical to children’s overall health, well-being and learning. Yet, stigma and general misinformation about mental health issues are some of the most significant barriers to ensuring that children and their families have access to a quality, comprehensive children’s mental health system. Promoting social and emotional development as an essential part of child health is critical to addressing stigma, and educating diverse families and the general public about the importance of mental health, early identification, and treatment. Highlights of activities include:

- **Educating the public and other key target audiences about the importance of children’s mental health and reducing the stigma of mental illness through implementation of a comprehensive, multi-faceted Public Awareness Campaign Plan (e.g., campaign videos, marketing materials, website).** In collaboration with DMH, developed and implemented a Public Awareness Campaign, Say It Out Loud!. Grants were awarded to 15 community groups (e.g., schools, non-profit organizations) for the development of locally-targeted Say It Out Loud campaign efforts.

- **Promoting an understanding of the impact of trauma on children’s mental health and the importance of providing trauma informed services for children who have experienced trauma through support to the Illinois Childhood Trauma Coalition.**
- **Implementing “Understanding Trauma and Children Exposed to Violence,” a training to help early childhood, child welfare staff and others who work with young children and their families recognize when trauma and exposure to violence are affecting children’s development and behavior and know how to respond.** The training is a partnership between several groups including Chicago Safe Start, the Illinois Department of Children and Family Services, the Midwest Center for Family Support, the Illinois Department of Human Services, Strengthening Families Illinois Building Resiliency Workgroup, and the ICMHP.

Chante was diagnosed with depression as a college freshman. At first, she hid it from her friends and family.

Slowly, she found the courage to open up, finding that people were supportive when she gave them the chance.

She’s particularly grateful to her boyfriend, Max, who has lent tremendous moral support.



Improving the Quality of Mental Health Services

At least seven state entities (i.e., state agencies, divisions, and departmental units) in Illinois have some type of responsibility for addressing the social and emotional development and mental health of children. However, the degree to which these entities address children's mental health varies. Among many other identified barriers, these entities have little ability to assess overall system needs and to determine whether programs and services are meeting the needs of children and their families. Illinois needs a quality-driven children's mental health system with shared accountability among key state agencies and programs that conducts ongoing needs assessments, uses outcome indicators to measure progress, and implements quality data and reporting systems to capture summary information that can be used to make program improvements. Highlights of activities include:

- **Strengthening the capacity of community mental health agencies to utilize evidence informed practices in their children's mental health service system through the Evidence Informed Practice Initiative.** This DMH administered Initiative is a collaborative effort by children, families, and practitioners to identify and implement practices that are appropriate to the needs of the child and family, reflective of available research, and measured to ensure the selected practices lead to improved meaningful outcomes. It includes:
 - a learning collaborative of 12 community mental health agencies,
 - a 12 month training experience for community mental health agencies on evidence-based skills, and
 - Masters Level Child and Adolescent Evidence Based Practice Certification Programs in three Illinois universities.
- **Assessing the quality of mental health treatment services provided in community mental health agencies.** Through an Outcomes Analysis System developed by DMH, 133 community mental health agencies are monitoring treatment progress and assessing the quality of care for mental health services provided to children and youth. A database system allows tracking of treatment responses by individual client and allows provider agencies to track clinical outcomes per clinical provider, per clinical service, and the agency as a whole.
- **Developing a core set of cross-system indicators related to children's social and emotional development and mental health that could be measured over time by key programs in multiple child-serving systems including education, child care, mental health, primary care, juvenile justice, child welfare, and Early Intervention through the *Children's Mental Health Indicators Initiative*.**
- **Developing an infant early childhood mental health credential in collaboration with the Illinois Association for Infant Mental Health.** The credential process will provide practitioners an opportunity to document their knowledge and understanding of mental health promotion, prevention and intervention for the youngest children and their families. The credential will be an indicator of competence in infant early childhood mental health.
- **Supporting a research study conducted in Chicago on the impact of stressors (e.g., violence) on the health and mental health of urban African Americans.** The study, conducted by Motivational Educational Entertainment, was conducted in four urban centers: Washington, DC, Chicago, Oakland and Philadelphia.
- **Developing recommendations for improving residential treatment services in Illinois.** The recommendations were developed by an interagency and stakeholder (e.g., families) Residential Treatment Workgroup that examined how children's residential mental health treatment services are funded and accessed in Illinois and across the country.

Maximizing Investments in Children's Mental Health

Numerous federal programs provide Illinois with funds that are either directly targeted to children's mental health or could be used to support an array of services in some capacity. Many of these federal resources offer flexibility in the use of funds and program design, within federal parameters. Efforts that coordinate and maximize federal program funds (e.g., Medicaid), state general revenue funds, and local and private funds can result in better ways of using scarce resources and create new investments for children's mental health. This includes billing Medicaid for services, wherever allowable, in order to claim Federal Medicaid matching funds. Highlights of activities include:

- **Developing a public/private financing plan with key recommendations for taking to scale and sustaining those initiatives, services, and programs initiated as part of the ICMHP Strategic Plan.** The financing plan is considering: how to maximize key public (e.g., Medicaid, state appropriations) and private funding streams, how to take initiatives and projects to scale, and how projects and initiatives will be sustained.
- **Monitoring the Screening, Assessment and Support Services (SASS) system, which serves approximately 18,000 - 20,000 children and youth annually.**⁶ The SASS program, a collaborative effort of the Departments of Healthcare and Family Services (HFS), Human Services (DHS), and Children and Family Services (DCFS), avoids approximately \$19 million per

year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs⁷ – a total of nearly \$95 million in avoided costs over the last five years. Parents and other system partners are generally satisfied with SASS; decision-making with regard to the use of intensive community services and psychiatric hospitalization is rational; intensive community interventions are effective at reducing symptoms and risk behaviors and improving functioning; outcomes are enhanced by appropriate dispositional decisions; and inpatient psychiatric hospitalizations have decreased due to use of appropriate community settings for stabilization.

- **Submitted Medicaid claims for Individual Care Grants (ICG) totaling \$1.48 million in FY 09 as required by the Children's Mental Health Act, via the Department of Healthcare and Family Services.** This brings the total to \$9 million in additional revenue to the State from ICG claiming since FY 04.
- **Partnering with the Division of Community Health and Prevention to submit a proposal, Project LAUNCH, to the federal Substance Abuse and Mental Health Services Agency (SAMHSA) to integrate behavioral health and primary care to promote child health and wellness.** Illinois was notified in September 2009 that the funding request was approved.



Recommendations for Further Implementation of the ICMHP Strategic Plan

1. **Promote and support children's mental health as a top priority for addressing the health, academic success, and well-being of Illinois children and youth.**
2. **Support implementation of the Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois, using ICMHP as a key state-level entity for promoting the development and implementation of a comprehensive children's mental health system in Illinois.**
3. **Increase funding for ICMHP Strategic Plan priorities in FY 11 consistent with the goal to bring implementation strategies to scale statewide.**
4. **Allocate funding across specified state agencies to promote multi-agency engagement in the Illinois children's mental health system.**
5. **Make promotion, prevention and early intervention a priority consistent with the recommendations set forth by the Institute of Medicine Report, Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities.**
6. **Increase the visibility of Illinois initiatives and efforts in the state and country as a model for children's mental health system development.**



Framework for a Comprehensive Children's Mental Health System in Illinois

Prevention

Coordinated Systems for Promoting Healthy Social and Emotional Development in Children

- Public education and awareness
- Mental health consultation with providers
 - Voluntary home visits
- Parent education and support services
- Social and emotional development programs/curricula for community services and schools

Early Intervention

Coordinated Systems for Early Detection, Identification, and Response to Mental Health Needs

- Mental health consultation with providers
 - Student support services
- Early identification, assessment, referral, and follow-up
 - Short-term counseling and support groups
- Skills-building classes (e.g., problem-solving, anger management)
 - Diagnosing and crisis support

Treatment

Coordinated Systems of Care for Providing Comprehensive Treatment and Family Supports

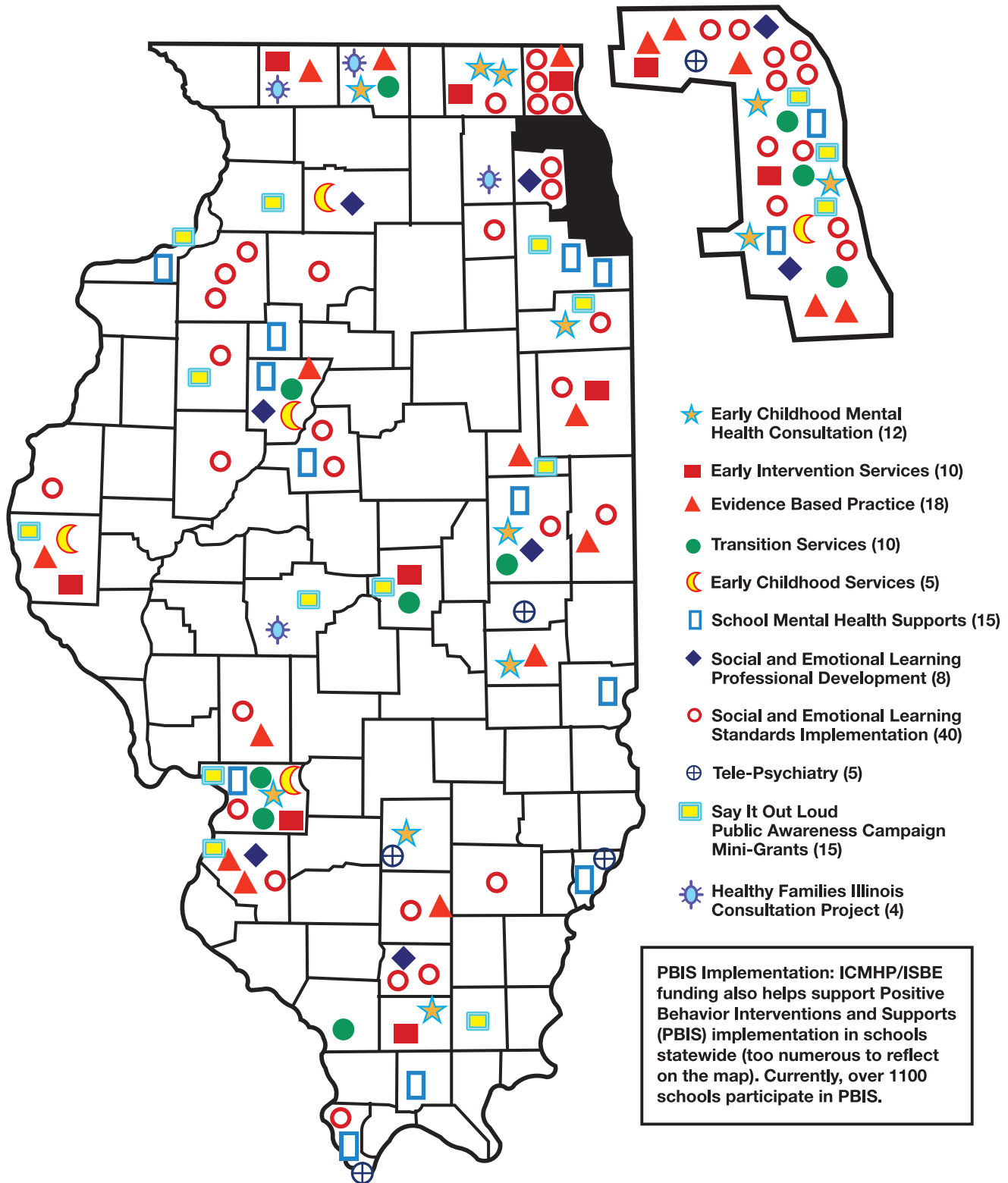
- Therapy and support groups
- Comprehensive assessment, diagnostic and referral services
- Hospitalization and in-patient mental health treatment services
 - Respite and other support services for families
 - Drug treatment



Implementation of FY 09 Appropriation for ICMHP Strategic Plan Priorities

Program	Funding	Purpose
Children's Mental Health Consultation Initiatives	\$ 650,000	To support the following consultation projects: 1) \$250,000 to develop and enhance the capacity of community mental health agencies to address the mental health needs of young children ages 0-7 years. 2) \$100,000 to provide mental health consultation to Healthy Families Programs. 3) \$300,000 to develop a Psychiatric Consultation Project, DocAssist, for primary care providers (e.g., pediatricians, family physicians)
Children's Mental Health (CMH) Public Awareness Campaign	\$ 300,000	To develop and implement a statewide public awareness campaign to reduce the stigma of mental illness and raise awareness of the importance of children's social/emotional development, in accordance with the Children's Mental Health Act of 2003.
School-Based Activities Focused on Social and Emotional Educational and Student Support Services	\$3,000,000	To support the following school based activities: 1) \$940,000 for professional development related to the Social/Emotional Learning Standards. 2) \$500,000 to expand the Positive Behavior Intervention and Supports (PBIS) Program to additional schools. 3) \$1.435 million for grants to school districts to implement social/emotional development curricula, conduct staff development, increase in-school student mental health support services, and/or purchase community mental health services for students. 4) \$125,000 for staff and infrastructure.
Children's Mental Health Early Intervention and Treatment Services	\$3,950,000	To provide the following specific services: 1) Transitional Services (\$1 million): social/emotional support services for 18-20 year old youths transitioning out of public systems (i.e., child welfare, mental health, juvenile justice). 2) Trauma Services (\$450,000): services for children exposed to childhood trauma, and infrastructure development to support identification/service provision. 3) Juvenile Justice Aftercare Project (\$275,000): services for support of an after-care program within DOC/JJD to assess the mental health needs of youth who are returning to the community from juvenile correction facilities, and link them to transition services. 4) Early Intervention Services (\$1,475,000): services for children and adolescents (all ages and in collaboration with schools) that do not require DSM diagnosis, such as individual or group counseling or skills building services. 5) Early Intervention Pilot Project for Children of Incarcerated Parents (\$100,000): services for children whose parents are in prison or jail. 6) Early Childhood Services (\$350,000): services for children ages 0-5 and their families. 7) Telepsychiatry Project (\$300,000): services for children who live in areas of the state without access to a child psychiatrist.
Evidence-Informed Practice Initiative	\$ 350,000	To support a multi-pronged initiative to further infuse research-based practices and evidence-informed care into the Illinois Child and Adolescent Mental Health and other child-serving systems.
Family Involvement Initiatives	\$ 400,000	1) Family Leadership Project (\$100,000): To provide support to communities for the development of regional family networks in Illinois. 2) Family Consumer Specialist Positions (\$300,000): To provide support to family groups and families with children receiving mental health treatment.
Outcomes Information System	\$ 150,000	To support development of a comprehensive data analysis system.
ICMHP Training, Assemblies and Infrastructure	\$ 200,000	To support ICMHP general assemblies, trainings, staffing and operations.
TOTAL FY 09 APPROPRIATION	\$ 9 million	

Implementation of ICMHP Strategic Priorities: FY 2009 Grantee Sites



ICMHP Strategic Plan Priorities

The ICMHP is addressing the majority of the following priorities as outlined in the Strategic Plan.

1. Promote ongoing family/consumer and youth involvement in administrative, policymaking and resource decisions regarding the Illinois children's mental health system at the state and local level.
2. Advocate for increased children's mental health services and programs
3. Develop culturally competent mental health consultation initiative(s) that educate, support and assist providers in key child-serving systems (e.g., early childhood, child care, primary care, public health, mental health and education).
4. Create a comprehensive, culturally inclusive, and multi-faceted public awareness campaign plan.
5. Build public and private sector awareness and response to maternal depression with attention to prevention and early intervention efforts, and necessary follow-up assessment and treatment services, where appropriate.
6. Build and enhance school-based activities focused on social and emotional educational and support services and provide professional development and technical assistance to school administrators and staff.
7. Promote mental health screening and assessment and appropriate follow-up services of children and youth involved in the child welfare and juvenile justice systems.
8. Increase early intervention and mental health treatment services and supports for children:
 - ages 0-5 years;
 - transitioning out of public systems (e.g., child welfare, mental health, juvenile justice);
 - who have been exposed to or experienced childhood trauma (e.g., violence);
 - who need follow-up services in the SASS system beyond 90 days; and
 - who have mental health challenges that are not severe enough to qualify them for public programs.
9. Convene a multi-agency and multidisciplinary work group to examine how children's residential mental health treatment services are funded and accessed in order to develop strategies for improving financing, cost-effectiveness, and access to residential services and alternative community services, where appropriate.
10. Initiate development of a policy and research center(s) to support research-based workforce development, best practice models and technical assistance on children's mental health in such areas as cultural competence, family involvement and consumer-driven care.

Resources for Further Information

This Annual Report to the Governor highlights some of the key accomplishments of the Illinois Children’s Mental Health Partnership (ICMHP) and its member agencies and organizations. However, many more activities related to children’s mental health too numerous to list are occurring within Illinois. For more information, please contact the representatives from the agencies listed below. Additional information about the ICMHP, including key ICMHP documents and ICMHP Committee activities, is available at: www.icmhp.org.

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Illinois Violence Prevention Authority	Barbara Shaw	(312) 814-1514	Barbara.Shaw@illinois.gov

Endnotes

¹U.S. Department of Health and Human Services. Mental Health:A Report of the Surgeon General. 1999.

²Ibid

³Raver C. Emotions matter: making the case for the role of young children’s emotional development for early school readiness. Social Policy Report of the Society for Research in Child Development 16, No. 1 (2002): 3-23.

⁴U.S. Department of Health and Human Services. Mental Health:A Report of the Surgeon General. 1999.

⁵The State of New York adopted SEL Standards as a result of state legislation that was modeled on the Illinois Children’s Mental Health Act of 2003. Several other states are also adopting SEL standards based on the Illinois standards.

⁶The SASS program provides pre-admission psychiatric hospitalization screenings to HFS-enrolled or un/under-funded children and youth who are at risk of inpatient psychiatric hospitalization. SASS also provides immediate crisis intervention and stabilization services, support to children and families when a child is hospitalized, post-hospitalization continuity of care, home-based family support, case management and care coordination, and needed psychiatric services.As required by the CMH Act, Illinois expanded the SASS program, extending it to all HFS-eligible children.

⁷This is an annualized estimate.



For more information, contact

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